

U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**  
See "Instructions for Service of Process by U.S. Marshal"

SD 15-2

PLAINTIFF United States of America		COURT CASE NUMBER 2:12-cr-0114-002	
DEFENDANT Janet Kay Aiken Martin Garland		TYPE OF PROCESS Writ of Execution <i>Application And for Writ</i>	
NAME OF INDIVIDUAL, COMPANY, CORPORATION ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>SERVE AT</b> Janet Kay Aiken Martin Garland, BOP# 11375-074 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) RMM Nashville, Residential Reentry Office, 701 Broadway St., Suite 124, Nashville, TN 37203			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  Anne-Marie Svolto, Assistant U.S. Attorney 800 Market St., Suite 211 Knoxville, TN 37902		Number of process to be served with this Form 285  2	
		Number of parties to be served in this case	
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

PLEASE SERVE PERSONALLY prior to release date of 9/12/2015.

Signature of Attorney, other Originator requesting service on behalf of: <i>Anne-Marie Svolto</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 865-545-4167	DATE 8/28/15
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**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 2	District of Origin No. 74	District to Serve No. 75	Signature of Authorized USMS Deputy or Clerk <i>H.H.</i>	Date 9/2/15
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above) <i>JANET KAY AIKEN MARTIN GARLAND</i>	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode						
Address (complete only different than shown above) <i>MIDWAY REHAB 1715 E. MAGNOLIA KNOXVILLE, TN</i>	<table border="1"> <tr> <td>Date 9/9/15</td> <td>Time 12:52</td> <td><input type="checkbox"/> am <input checked="" type="checkbox"/> pm</td> </tr> <tr> <td colspan="3">Signature of U.S. Marshal or Deputy <i>[Signature]</i></td> </tr> </table>	Date 9/9/15	Time 12:52	<input type="checkbox"/> am <input checked="" type="checkbox"/> pm	Signature of U.S. Marshal or Deputy <i>[Signature]</i>		
Date 9/9/15	Time 12:52	<input type="checkbox"/> am <input checked="" type="checkbox"/> pm					
Signature of U.S. Marshal or Deputy <i>[Signature]</i>							

Service Fee \$65	Total Mileage Charges (including endeavors) \$2.07	Forwarding Fee	Total Charges 67.07	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$67.07
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REMARKS: 9-2-15 Forwarded to S.O. in M/TN  
9/9/15 PERSONALLY SERVED AT THE ABOVE PLACE, DATE & TIME. J. SANCHEZ

**PRINT 5 COPIES:**

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285  
Rev. 12/15/80  
Automated 01/00